



EXPO CENTER

The City of Los Angeles Department of Recreation and Parks
Roy A. Anderson Recreation Center • Exposition Park Rose Garden • LA84 / John C. Argue Swim Stadium
Ahmanson Senior Center • Ralph Parsons Preschool • Outdoor Amphitheatre



3980 S.Bill Robertson Lane, Los Angeles, CA 90037 • Phone 213.763.0114 ext. 214 • Fax 213.763.3117 • Email: RAP-EXPOSpecialEvents@lacity.org

Special Event Permit Application / Permiso de Evento Especial

Requestor Information / Informacion de Solicitante

Name / Nombre		Organization / Organización	
Address / Domicilio		City, State, Zip / Ciudad, Estado, Zona	
Phone / Teléfono	Business Phone / Teléfono del Negocio	Fax / Fax	
Contact Name #1 / Nombre de contacto #1	Phone / Teléfono	Email / Correo Electronico	

Office Use Only / Uso de la oficina solamente

Request Number _____
 Permit Number _____
 Invoice Number _____

Today's Date / Fecha de Hoy

Today / Hoy ____ / ____ / ____

Event Dates / Dia(s) de Evento

From / De	/	/	To / A	/	/
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Mark one / Marque uno

Day / Día Sun / Dom Mon / Lun Tue / Mar Wed / Mie Thu / Jue Fri / Vie Sat / Sab

Reoccur / Reocurrir One-Day / Un Dia Weekly / Semanal Bi-Weekly / Bi-semanal Twice Month / Dos Veces Monthly / Mensual Quarterly / Trimestral Other / Otro

Excluding Dates / Excepto Dias

1	2	3	4
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File _____
 Staff Schedule / Calendar _____
 Political Calendar _____
 Event Calendar _____
 3 Month Calendar _____

Required Documents

Alcohol Permit
 City/Gov Approval Letter
 Non-Profit Status

Event Information / Información de acontecimiento

Event Name / Nombre del Evento							
Example of Event Breakdown See Page 4 / Ejemplo de la avería del acontecimiento Vea la página 4	EXPO Staff Only	Decorations Setup	Event Start	Event End	Decorations Breakdown	EXPO Breakdown Only	Total Hours
Section/ Secciones	** A	B	C	D	E	** F	A-F
Patron's Total Event Time							
Expected Attendance / Previsto Asistencia	# Round Tables / Mesas Redondas	# Rectangular Tables / Mesas Rectangular	# Chairs / Sillas				

Flyer Advertisement
 Layout / Plot Plan
 Security Contract

Processed by

FRS _____
 Application _____

Coordinator Review

Initial _____
 Date _____

Processed Refund

Initial _____
 Date _____

Event Type / Tipo de Evento

- Banquet / Banquete
- Class / Seminar - Clause / Curso
- Film Permit / Permiso de Familiar (Call / Llame 323-644-6220)
- Meeting / Reunion
- Party / Fiesta
- Picture Permit /
- Tailgate / Cola Puerta _____
- Other / Otro _____
- Wedding / Reception - Boda/Recepcion _____

Organization Type / Tipo de Organizacion

EXPO Use Only (Example ASC, AQ, CC, ED, RC, SE, SC, TC) Department / Departamento
<input type="checkbox"/> (Page 1 & 2 ONLY)
Govt/SU Facility Use Permit (Other State Entities) Facility Use Permit / Uso de Facilidad
<input type="checkbox"/> Partnership / Asociacion
<input type="checkbox"/> RAP Use / Uso de RAP
<input type="checkbox"/> (RAP Use Only) Work Order # _____
<input type="checkbox"/> Attach Payment Voucher (PV) # _____
<input type="checkbox"/> Other / Otro _____

Location / Sitio

Roy Anderson <input type="checkbox"/> Comrie Hall / Sala de Comrie * <input type="checkbox"/> Kitchen / Cocina ** Internal Only <input type="checkbox"/> Multipurpose 1-3 / Cuarto de Multiuso 1-3 <input type="checkbox"/> Multipurpose 1 / Cuarto de Multiuso 1 <input type="checkbox"/> Multipurpose 2 / Cuarto de Multiuso 2 <input type="checkbox"/> Multipurpose 3 / Cuarto de Multiuso 3 <input type="checkbox"/> Parsons Multipurpose / Cuarto de Multiuso Parsons <input type="checkbox"/> Therapeutic Room / Cuarto Terapéutico (Internal ONLY) (Maximum event time for Senior Center 12am / Hora máximo para el centro mayor 12am)	Senior Center / Centro Mayor <input type="checkbox"/> Kitchen / Cocina ** <input type="checkbox"/> Senior Ballroom / Salón de Baile Mayor <input type="checkbox"/> Senior Lounge / Salón Mayor <input type="checkbox"/> Senior Back Patio <input type="checkbox"/> Front Patio (Maximum event time for Senior Center 12am / Hora máximo para el centro mayor 12am)	Rose Garden / Rosaleda <input type="checkbox"/> East End / Este <input type="checkbox"/> West End / Oeste <input type="checkbox"/> Gazebo A / Gazebo A <input type="checkbox"/> Gazebo B / Gazebo B <input type="checkbox"/> Gazebo C / Gazebo C <input type="checkbox"/> Gazebo D / Gazebo D (Closed Yearly Jan. 1 - Mar. 15)	Outdoor Venues / Lugares al aire libre <input type="checkbox"/> Boardwalk Area 1 / Área 1 del paseo marítimo <input type="checkbox"/> Boardwalk Area 2 / Área 2 del paseo marítimo <input type="checkbox"/> Boardwalk Area 3 / Área 3 del paseo marítimo <input type="checkbox"/> Boardwalk Area 4 / Área 4 del paseo marítimo <input type="checkbox"/> Front Lawn / Césped Delantero <input type="checkbox"/> Outdoor Amphitheatre / Amphitheatre al aire libre <input type="checkbox"/> Play Field <input type="checkbox"/> Lights <input type="checkbox"/> No Lights
Pool / Esquina <input type="checkbox"/> Family Pool <input type="checkbox"/> Pool Deck <input type="checkbox"/> Competition Pool	Gyms / Gimnasio <input type="checkbox"/> South Gym / Gimnasio Sur *** <input type="checkbox"/> North Gym / Gimnasio Norte	* NO FOOD is allowed in Comrie Hall or the Gyms / No Comida en sala de Comrie or gymnasio ** Sink Use & Counter Space ONLY / lava manos y sobre mesa solamente *** Sports Only / Deportes Solamente	

Event Detail / Additional Information - Detalles de Evento / Informacion Adicional

Please check yes or no to the following questions / Señale si o no para cada pregunta:

YES / Sí

NO / No

1. Will **political** or **public figures** be present? / ¿Estaran presentes **figuras públicas** ?
2. Will **media** be present? / ¿Van a estar presenta **medios** de?
3. Will you be **collecting a fee**? / ¿Va a ver un Cargo / **precio** para atender e?
4. Do you anticipate a **profit**? / ¿Anticipa **ganancias** del evento?
5. Is event a **fundraiser**? / ¿Es el evento para **recaudar de fondos** ?
6. Will **audio visual equipment** be used? / ¿La **unidad audiovisual** será utilizada?
7. Will **electrical hookup** be required? / ¿Se va a ensamblar un **montaje de electricidad** ?
8. Will **major equipment** be assembled? / ¿Se va a ensamblar un **equipo(s) grande** ?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please Explain / Por favor explique _____

Food & Alcohol Policy / Póliza de Alcohol

Will **food** be served or catered? / El **alimento** será servido o abastecido?

Yes / Sí

No / No

Will **alcohol** be served? / ¿El **alcohol** será servido?

Yes / Sí

No / No

Alcohol Serving Requirements

Alcohol Security Requirements

Security (Required)

0-199 Guests - 2 Security

Copy of Contract

0-299 Guests - 3 Security

Copy of Guard Cards

Security Contract + Guard Cards

Insurance

Caterer / Abastecedor _____

Phone Number / Número de teléfono: _____

How many Vendors / Cuántos vendedores? _____

Initial / Inicial _____

Initial each line / Firme con iniciales cada línea

I have received and understand the **alcohol policy** for the City of Los Angeles Department of Recreation and Parks. /

I understand that all request must be approved for my event to take place.

If alcohol is served, it is limited to **beer and wine ONLY, No hard liquor, No Exceptions!**

I also agree with the policy for the required **security guards** and understand all general guidelines.

Additionally, my required **insurance policy** of public liability and property damage which additionally insures the department **must also unclude liquor liability coverage.**

Yo recibido y entiendo la **póliza de alcohol** del Departamento de Recreación y parques de la Ciudad de Los Ángeles.

Yo entiendo que todas mis peticiones tienen que ser aprobadas en orden de que mi evento tome lugar.

Si se sirve el alcohol, se limita a la **cerveza y al vino SOLAMENTE, ningún licor duro, ningunas excepciones!**

Yo también estoy de acuerdo con la póliza que requiere tener **Guardias de Seguridad** y entiendo las guías generales.

En adición, su solicitando requiere tener póliza de a seguridad de liabilidad para el público y danos de propiedad, cual también asegura que el departamento debe incluir **cobertura de liabilidad de alcohol**.

Hold Harmless Clause / Lleve a cabo la Cláusula Intensiva

In consideration of the City of Los Angeles Recreation and Parks Department granting permission requested herein, permittee agrees to indemnify and hold the City and its officers, agents and employees harmless from any and all claims, demands, lawsuits, actions of any kind, damages, judgments, amounts paid in settlement, costs and expenses (including attorney's fees), which may be incurred or arise out of permittee's exercise of the permission granted or from any of the permittee's activities thereto. Permittee acknowledges that it will use City facilities at its own risk and expressly waives any right to make or prosecute claims or demands against the City for any loss, injury or damage which permittee may sustain by virtue of the exercise of the permission granted or by reason of any defect, deficiency or impairment which may occur from time to time from any cause of the water supply system, drainage system, heating system, gas mains, electrical apparatus or cable furnished for the event or for any loss resulting from fire, water, tornado, civil commotion, riot, landslide, windstorm, earthquakes or other acts of God.

The City of Los Angeles' Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape or video) of my child _____ (minor's name) and /or myself _____ (your name) for promotion of Department programs. Should these photos be used on the Department Website, names will not be used.

La ciudad de Los Angeles Departamento de Recreación y Parques o sus agentes asignado tienen permiso para utilizar la imágenes (digital, película, cinta o video) de mi hijo(a) _____ (nombre del menor) y/o yo mismo _____ (su nombre) para la promoción de programas del departamento. Si las fotos se utilizaran en el sitio web del departamento, los nombres no serán utilizados.

Initial / Inicial _____

Parking Acknowledgement / Reconocimiento del Estacionamiento

The applicant expressly acknowledges that parking at the EXPO Center facilities are arranged by the California Science Center (day to day park operation) and CLASSIC PARKING (special event days) only. No oral or written information or advice given by the EXPO Center staff or authorized representative shall not permit or create any type of arrangement for parking. The applicant must arrange and assume all responsibility for entering into the agreement with the understanding that the EXPO Center facility or its agents do not provide parking for any events held at the facility. You also acknowledge and agree that you have read this document thoroughly and understand that any special events in and within Exposition Park area are beyond the control of the EXPO Center staff and its agents. The City of Los Angeles, Department of Recreation and Parks cannot be held liable for these changes and are not held liable for any inconvenience this may cause to the applicant.

Initial / Inicial _____

El firmar con iniciales y la firma de este documento constituye el acuerdo de todas las condiciones.

PLEASE NOTE: FILING OF THIS APPLICATION DOES NOT CONSTITUTE A PERMIT

Observe por favor: La limadura de este uso no hace Constitue un permiso

- To secure reservation a **full payment** must be made. / Para garantizar la reservacion, se necesita un **pago completo**.
- Final approval** is based on the total payment of permit fees. / La **aprobación final** se basa en el pago total de los honorarios del permiso
- If **permit fees** are not received, the event is subject to cancellation. / Si los honorarios del **permiso no se reciben**, el acontecimiento está conforme a la cancelación.
- EXPO Center **DOES NOT provide parking** for any events. All event parking must be arranged by calling the Office of Exposition Park Management **(213) 741-0160**

Unauthorized parking is subject to a parking violation at owner's expense. / El centro de la EXPO **no proporciona el estacionamiento** para ningunos acontecimientos. Todo el estacionamiento del acontecimiento debe ser arreglado llamando la oficina de la exposición Gerencia del parque (213) 741-0160. El estacionamiento desautorizado está conforme a una violación del estacionamiento en owner' costo de s.

A minimum of 10-12 weeks to receive all refunds from City Accounting Department. / Un mínimo de 10-12 semanas para recibir todos **reembolsables del Departamento de Contabilidad**

The **initial deposit fee** is subject to change based on the nature of the event. / El honorario de **depósito inicial** está conforme al cambio basado en la naturaleza del acontecimiento.

Refunds are not issued for inclement weather / Reembolso no sera dado en causa de inclemencias del tiempo

I agree with all policies and procedures and understand that fees are subject to change due to an event change or rate increase. Estoy de acuerdo con

Printed Name / Nombre Impreso _____
Signature / Firma _____

Date / Fecha _____

Fee:	1st / Hours	Hourly Rate	# Of Staff	Fees 100%	Partnership	Amount Due
# of Usage Days	_____ X	_____				
Additional Hour	_____ X	_____				
Staff Coverage	_____ X	_____	X			
Maintenance Fee	_____ X	_____	X			
Kitchen Fee	Yes = \$75	No = \$0				
Chair Rental	<u>99 or Less</u> \$50	<u>100 or More</u> \$100				
Table Rental	<u>9 or Less</u> \$50	<u>10 or More</u> \$100				
Refundable Clean-Up Deposit			_____ Or _____			
Misc. / Other Rose Garden Clean up Gazebo A,B,C,D						

Sub Totals:

							TOTAL
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* Please note that a minium of 2 staff are required for each event.
Additional staff may be added due to type of setup and equipment.*

Office Use Only / Uso de la oficina solamente

Check List

- | | | |
|----------------|---------------------|---------------------------------|
| <u>Date(s)</u> | <u>Processed by</u> | 1. Application Signed (Page 4) |
| | | 2. Initial Section(s) |
| | | 3. Layout(s) |
| | | 4. Alcohol |
| | | 5. Patron Time line for Payment |
| | | 6. Payment Received |

- A. Security (Required)
B. Copy of Contract
C. Insurance

- 0-99 Guests - 3 Security 199-299 Guests - 4 Security
 Guests # _____ / Security # _____

Payment Due Date Given	Date Paid	Processed By	Date

Receipt Number	Type of Payment	Date	Processed By

- A. Payment 1
B. Payment 2
C. Payment 3